We need your feedback about the Walking Program. Please take a few minutes to answer the questions below. Your responses are anonymous and confidential.

## Thank you.

1. How did the Walk to Winn for each item.	Program affec	t each of the following	ng for you? Ple	ase select one response
	Increased	Stayed the same	Decreased	Don't know/not sure  □
b. My total body inches				
c. My cholesterol				
d. My stress level				
e. My blood sugar				
f. My energy level				
g. My blood pressure				
h. My body fat %				
i. My water intake				
j. My fruit/vegetable intake				
k. My level of physical activit	у 🗆			
2. Was the pedometer you rec	ne): loaned to you	u	issued to you	
3. Did you wear the pedomete	? Yes		No	
4. Did the pedometer motivate you to get more physical activity? Yes				No
5. In general, how do you rate  O Excellent O Very go	•	ealth? (select one re.  O Good	sponse) O Fair	O Poor
6. What suggestions do you ha	ave to improve	the Walking Program	m?	